DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

(37 CFR 1.63)

□ Declaration Submitted With Initial Filing

Declaration
Submitted After Initial
Filing (surcharge
(37 CFR 1.16(a))
required

First Named Inventor: Michael Putnam

COMPLETE IF KNOWN

Application Number:

Filing Date:

Group Art Unit:

Examiner Name:

PGI6044P1231US

Attorney Docket No.:

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Film Materials With Pronounced Imaging And Method For Making Same, the specification of which:

□	is	attached	hereto:	or
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was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			0		
			0	0	0

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit of any United States application(s) listed below.

Application Number(s)	Filing Date		Additional application numbers are liste	
60/440,570 January 15, 2003			on a supplemental priority data sheet attached hereto.	

The undersigned hereby authorizes the U.S. attorney(s) or agent(s) named herein to accept and follow instructions from the assignee, if any, of the undersigned or from n/a as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) or agent(s) and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney(s) or agent(s) named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered practitioner(s) identified by Customer No. 32116 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, whose firm name, mailing address, telephone number, and facsimile number for this application are:

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Customer Number (32116)

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Michael Putnam

Name of Sole or First Inventor:

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Residence:	7105 Niblick Court, Fuquay Varina, NC 27526		
Post Office Address (if different):			
Signature:		Date:	
☐ A petition has been filed for this unsigned	inventor.	•	
Name of Additional Inventor, if any:	Thomas Hill		
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Post Office Address (if different):			
Signature:		Date:	
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